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COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJE	CT:	Intracoastal C	omfort Systems LL	C
	<u> </u>		ted Liability Company	
The end	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	ence concerning this matter	to the following:	
			Lee C Stewart	
			Name of Person	
		Intracoa	astal Comfort Systems	LLC
			Firm/Company	
			836 Hewitt Dr	
			Address	
		Po	ort Orange, Fl., 32127	
			City/State and Zip Code	
		F-mail address: (f	Steworg15@aol.com to be used for future annual repor	(notification)
For furt	her information con	cerning this matter, please c	•	,
	Lee	C Stewart	at (_386)	316-4863
	Name of P	erson	Area Code & D	aytime Telephone Number
Enclose	ed is a check for the	following amount:		
\$25.	00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12 IN FILED.	
SECRETARY OF	
Second 20 PM 5:	
SEGRETARY OF STATE SALLAHASSEE, FLORIDA S.)	•
S. STATE	•
- LURIDA	ŀ

Intracoastal Comfort Systems LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed on _	September 7 2010	_ and assigned
Florida document numberL1000009322			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Cor	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			, ,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		· · · · · · · · · · · · · · · · · · ·
			
B. If amending the registered agent and/or	-	n our records, <u>enter the</u>	name of the new
registered agent and/or the new registered office	e address here:		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ss
<u>-</u>		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address **MGRM** Laura Stewart 836 Hewitt Dr. ✓ Add Port Orange, Fl. 32127 Remove ☐ Add Remove ☐ Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 January 15 Dated_ Signature of a member or authorized representative of a member Lee C Stewart Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00